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I hereby certify under 37 C.F.R. § 1.10 that this correspondence is being deposited with the United States Postal Service as "Express Mail Post Office to Addressee" with sufficient postage on the date indicated above and is addressed to: BOX PATENT APPLICATION, Assistant Commissioner for Patents, Washington, D.C. 20231.

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UTILITY PATENT APPLICATION TRANSMITTAL UNDER 37 C.F.R. § 1.53(b)

| | |
|------------------------|--|
| Attorney Docket Number | 50144/002002 |
| Applicant | Timothy Chow et al. |
| Title | Lateral Flow PCR With Amplicon Concentration And Detection |

PRIORITY INFORMATION:

This application claims the benefit of the filing date of United States provisional patent application 60/187,919, filed March 8, 2000.

SMALL ENTITY STATUS:

☒ Applicant claims small entity status under 37 C.F.R. § 1.27.

APPLICATION ELEMENTS:

| | |
|---|----------|
| Cover sheet | 1 page |
| Specification | 34 pages |
| Claims | 5 pages |
| Abstract | 1 page |
| Drawing | 4 sheets |
| Combined Declaration and POA, which is: <input checked="" type="checkbox"/> Unsigned; <input type="checkbox"/> Newly signed for this application; <input type="checkbox"/> A copy from prior application [**SERIAL NUMBER**] and the entire disclosure of the prior application is considered as being part of the disclosure of this new application and is hereby incorporated by reference therein. | 2 pages |
| Sequence Statement | 0 pages |
| Sequence Listing on Paper | 0 pages |
| Sequence Listing on Diskette | 0 disk |
| Small Entity Statement, which is: <input type="checkbox"/> A copy from prior application [**SERIAL NUMBER**] and such small entity status is still proper and desired. | 0 pages |
| Preliminary Amendment | 0 pages |

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|---|--------------|
| IDS | 0 pages |
| Form PTO 1449 | 0 pages |
| Cited References | 0 references |
| Recordation Form Cover Sheet and Assignment | 0 pages |
| English Translation | 0 pages |
| Certified Copy of Priority Document | 0 pages |
| Return Receipt Postcard | 1 |

FILING FEES:

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|--|--------------|
| Basic Filing Fee:\$355 | \$355 |
| Excess Claims Fee: 34 -20 = 14 x \$9 | \$126 |
| Excess Independent Claims Fee: 2 -3 = 0 x \$40 | \$0 |
| Multiple Dependent Claims Fee:\$135 | \$135 |
| Total Fees: | \$616 |

- ☒ Enclosed is a check for \$616 to cover the total fees.
☐ Charge **[**AMOUNT**]** to Deposit Account No. 03-2095 to cover the total fees.
☐ The filing fee is not being paid at this time.
☒ Please apply any other charges, or any credits, to Deposit Account No. 03-2095.

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